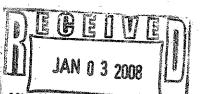
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

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## 2007 STATEMENT OF SCURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION				
Name		Member of:			
PETER L. PINES		D House ☐ Senate			
Mailing address		District			
334 BRADFORD Rd.		53			
'itu zin oodo		Phone			
WISCASSET, ME_ 045	882-9794				
PART 1. INCOM	E DERIVED FROM EMPLOYMENT BY ANG	OTHER			
ist the name and address of each emplo principal type of economic activity of each e	yer from whom you received compensation mployer.	of \$1,000 or more. Specify t			
Name of Employer		Principal Type of Economic Activity of Employer			
SOUTHERN MAINE COMMONITY Col,	2 FORT 20	2			
2 FORT RD,		INSTRUCTION			
SOLPORTLAND, ME.	SO, PERTLAND ME.	The state of the s			
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	COME DERIVED FROM SELF-EMPLOYMEN  The Legislators who are self-employed.)	VT			
	siness, if any, and list the major areas of e				
erived income. If associated with a partne	ership, firm, professional association, or simi	iconomic activity from which y ilar business entity, list the ma			
reas of economic activity of that entity.	·	,,			
Marris and Address of Dissinger Entitle	Major Areas of Economic Activity	Major Areas of Economic			
Name and Address of Business Entity	(self)	Activity (partnership, association or simil			
MA.	A sharp of distribution and women amounts of the state of the state of	business entity)			
	seemen				
ame:	e e e e e e e e e e e e e e e e e e e				

PART 2 (continued). INCOME DERIVED F	ROM SELE-EMPLOYMENT
(For Legislators who are self-	employed.)
B. List each source of income derived from self-employment that represents is greater, and specify the principal type of economic activity of the entity or disclosure is prohibited by law, rule, or an established code of professional the entity or person from whom the income was derived.	person from whom you derived such income. If this form of
Manager and Administration of Communication and Communication of Communication and C	Principal Type of Economic
Name and Address of Source	Activity of Entity or Person Who is the Source of the Income
Name: MA	The state of the s
Address:	
Name:	
Address:	
PART 3. MAJOR AREAS C (For Legislators who are attorney	en apperate and a continue control of the first of the fi
List your major areas of practice. If associated with a law firm, list the major	
Name and Address of Firm	Major Areas of Practice Major Areas of Practice (self) (firm)
Name: MA	
Address:	
Name:	
Address:	
PART 4. OTHER SOURCES	OF INCOME
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of	this form. Do not include gifts. If none, check the box.
☐ None	
Name and Address of Source	Kind of Income (finestments, leases, etc.)
Name: N/A	
Address:	
Name:	
Address:	-
PART 5. REPORTABLE L	Section 1 Sectio
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that areas of economic activity of each creditor. Do not list loans from a relative.	
☐ None	
Name and Address of Greditor	Principal Type of Economic Activity of Creditor
Name: // // // // // // // // // // // // //	
Address:	
Name:	
Address:	
PART 6. REPORTABL	E GIFTS
List the specific source of each gift of more than \$300. Include gifts with an none, check the box	aggregate value of more than \$300 from a single source. If
None	r of course of section for the common section of the particle of the course of the section of th
Name of Source of Gift	Name of Source of Gift
1. MA 3.	
2. 4.	A Silver of the second of the

	PART 7	REPORTABLE H	ONO	DADIA	
List the source of any	honoraria accepted for appearance				ial duties. If none, check the box
☐ None		And the second s		779.774.75 <u>************************************</u>	
Nan	ne of Source of Honoraria			Na	me of Source of Honoraria
1.	NIA	3.			
2.		4.			. A commence (Agg. Laborator, to an arrange of the commence of
	PART 8. REPRESE	NTATION BEFOR	E S1	ATE A	GENCIES
List each executive br the box.	anch agency before which you rep	resented or assiste	d oth	ers for co	ompensation of any amount. If none, check
☐ None	were a second the second secon	THE STATE AND ADDRESS OF THE STATE OF THE ST		Philippin AVC	
	Name of Agency				Name of Agency
1.	NA	3.			
2.		4.	XXXXXXXXIII		
		NESS WITH STA			
List each executive bra \$1,000 during the repo	anch agency to which you or a mem rting period. If none, check the box	ber of your immedi	ate fa	mily sold	goods or services with a value in excess of
☐ None				(AC	A STATE OF THE STA
	Name of Agency				Name of Agency
1.	MA	3.			
2.		4.	CONTROL CONTRO		And the second section of the second
	PART 10. INCOME RECEIV	ED BY MEMBER	 :S-0	= IMME	DIATE FAMILY
List the type of econon (ren) during the reportir "D" for income received	nic activity representing each source	e of income of \$1.0	200 0	r moro r	eceived by your spouse or dependent child Circle "S" for income received by spouse or
Type of Economic A	ctivity Representing Source of Inco	ne Received	Cir appro let		Kind of licome
1.	VIA .	The second of the Second contract of the seco	S	D	en de la companya del la companya de
2.	The second secon		S	D	
3.			S	D	and the same and t
4.	* THE THE PROPERTY AND THE BOOM CONTRACTOR OF THE PROPERTY OF	To recommend of the Profit (Add James Andrews Street, 1981, 1984) (Add Jakoba, Andrews Street, 1981, 1984) (Add Jakoba, Andrews Street, 1981, 1984)	S	D .	That which to be the first and the second point and
	THE TOTAL CONTRACTOR	SIGNATURE			
A Legislator who willfu (1 M.R.S.A. § 1017-A)	lly fails to file a required stateme	ent is subject to a	fine	of \$10	per business day until the report is filed.
The intentional filing of	a false statement is a Class E c ement, it shall refer its findings of	rime. If the Comn	nissic 7 Ger	on conclu	udes that it appears that a Legislator has
f the Commission deter the Legislator shall be	mines that a Legislator has willful presumed to have a conflict of	ly failed to file a re	quire	d statem	nent or has willfully filed a false statement, it shall be precluded from voting on any influence the outcome of any question.
PATO				1.	2 2 2 4 6
- ung/W	Signature		- 0	11.0m	2, 700 8 Date

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NAME:	. •						DATE:		4		•	٠	
ADDRESS:	·	-		vo. man, of the Control of the Control of Co		-		-	,		•		
				ADDI	ITIONAL IN	IFORMATION							
Please provide information you	any additional are providing.	information	below	(and or	additional	sheets if ne	eded).	Indicate	the pa	art or	section	number	for the
Part/Section Number				- Trigoria - C			miner any mpanda Agrico y 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	nis ilinomene di replica dell'illigi il più di similari	energen energen en e	mgama on mas and	Mary San		A Constant
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